



**EXHIBIT A**  
**WILLIAMS PRODUCTION CO., LLC's APPLICATION**  
**TO AMEND ORDER R-2046**

Sacramento Municipal Utility District  
6301 S. Street  
Sacramento, CA 9581701899

Ben R. Howard  
11490 Audelia Road, Apt. 215  
Dallas, TX 75243-9014

Minerals Management Service  
P.O. Box 5810  
Denver, CO 80217-5810

Betty T. Johnston Marital Tr  
L.E. Carbaugh P. M. Hardw  
245 Commerce Green Blvd., Suite 280  
Sugar Land, TX 77478

Forest Oil Corp.  
P.O. Box 847581  
Dallas, TX 75284-7581

Carl Dellinger  
3605 Britt Street, NE  
Albuquerque, NM 87111

ConocoPhillips Co.  
21873 Network Place  
Chicago, ILL 60673-1218

Carolyn Nielsen Sedberry  
Little Oil & Gas Inc. Agent  
P.O. Box 1258  
Farmington, NM 87499

BP America Production Company  
Attention: OOJI  
P.O. Box 21868  
Tulsa, OK 74121

Chamisa Land Co.  
P.O. Box 30281 – Uptown Station  
Albuquerque, NM 87190-0281

Accord DU LAC Partnership LP  
P.O. Box 676370  
Rancho Santa Fe, CA 92067-6370

Charlene S. Byers  
579 S. Poplar Way  
Denver, CO 80224

Adela Mascarenas Quintana  
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Ignacio, CO 81137-1824

Christine V. Merchant  
c/o David J. Sorenson  
P.O. Box 1453  
Roswell, NM 88202-1453

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1116 E. 4th Avenue  
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Claudia Lundell Gilmer  
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Georgetown, TX 78628

Ashley Gould  
475 S. New Hampshire Avenue  
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Consuela Mascarenas Gooch  
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Farmington, NM 87401

Cyrene L. Inman  
Bank of America NA Agent  
P.O. Box 840738

Dallas, TX 75284-0738

Avelinda Mascarenas  
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Farmington, NM 87401

Daniel D. Lopez  
1608 Oakway Drive  
Baltimore, MD 21222

Discovery I – Robert Leisen GP  
12 W Ranch Trail  
Morrison, CO 80465-9523

Debbie Moran  
3819 Latma Drive  
Houston, TX 77025-4120

Dorothea J Caulfield Tr  
Dorothea J Caulfield Trustee  
14647 Ranchview Ter  
Chino Hills, CA 91709

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Elizabeth Jeanne Turner Calloway  
P.O. Box 191767  
Dallas, TX 75219-1767

Estate of M.W. Hoover, Deceased  
Liberty National Bank & Trust Co.  
Executor  
P.O. Box 1588  
Tulsa, OK 74101-1588

Eula May Johnston Trust  
Bank of America N.A. Trustee  
Acct. 01/0066100  
P.O. Box 840738  
Dallas, TX 75284-0738

Faye Lopez Romero  
550 W Pabor Way  
Fruita, CO 81521-2025

Florence Vallejos  
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Durango CO 81301

H LP  
P.O. Box 2185  
Santa Fe, NM 87504

Herbert R Briggs  
Reynolds Hix & Co POA & Agent  
6729 Academy Road, Suite D  
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HF Axtell & Freda Axtell  
101 Rio Vista Circle  
Durango CO 81301-4379

J Glenn Turner Jr  
2 Turtle Creek Bend, Suite 1450  
3838 Oak Lawn  
Dallas, TX 75219

James Lopez  
2837 Pinnacle  
Colorado Springs, CO 80910

Jerry Tiras & Ethel Tiras  
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3388 Sage Rd # 1502  
Houston, TX 77056

John L Turner  
PMB 285  
317 S Sidney Baker Ste 400  
Kerrville, TX 78028

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Wenatchee, WA 98801-0164

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8801 N 104th Ave  
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Johnson Tr Uad 1/24/85  
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Tracy C Thompson Managing Partner  
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Roswell, NM 88201

Kellie M Kross  
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Roswell, NM 88202-1453

Laplante/Johnson Fam Tr  
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Trustees  
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Littleton, CO 80120

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Mary Frances Turner Jr Tr 6743  
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C/O JP Morgan Chase Bank NA  
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Ramseyer Community Tr  
Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
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Pure Resources LP  
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Bruce & Kay Ramseyer Trustee  
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Gumz Fam Tr Dtd 10/31/03  
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Terrell, TX 75160

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C/O Little Oil & Gas Inc  
PO Box 1258  
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Claude I Hobson Trustee  
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George Umbach  
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c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

RHB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

Patricia P. Schieffer Trust, Bank of  
America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113

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500 N. Akard, Suite 2940  
Dallas, TX 75201

Henrietta Schultz, Trustee  
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Dallas, TX 75201

WCB Investments  
c/o Reynolds Hix & CO PA  
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Albuquerque, NM 872109

Grayfore Partners LP  
PO Box 98670  
Lubbock, TX 79499-8670

VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

Bp America Production Co.  
Attn: John Larson, W11 Rm 19.158  
501 Westlake Boulevard  
Houston, Tx 77079-3092

Ms. Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, Tx 75219-1767

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Suite 1450  
Dallas, Tx 75219

Mary Frances Turner, Jr Trust  
Attn: Barry L. Dominick  
Tx1-2931  
P O Box 660197  
Dallas, Tx 75266-0197

Patricia P. Schieffer Trust,  
Bank Of America, N.A. Agt  
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Fort Worth, Tx 76113-2546

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Dallas, Tx 75223

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Mr. John Turner  
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Kerrville, Tx 78028

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Denver, Co 80202

Henrietta E. Schultz, Trustee  
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Dallas, Tx 75201

Sacramento Municipal Utilities  
District  
Attn: Thomas Ingwers

P. O. Box 15830  
Sacramento, Ca 95852-1830

Minerals Management Service  
P.O. Box 5810  
Denver, Co 80217-5810

New Mexico State Royalty  
310 Old Santa Fe Trail  
Santa Fe, Nm 87501

Conocophillips Company  
Attn: Chief Landman,  
San Juan/Rockies  
P. O. Box 4289  
Farmington, Nm 87499-4289

HOLLAND & HART LLP



Ocean Munds-Dry  
omundsdry@hollandhart.com

October 14, 2008

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

AFFECTED INTEREST OWNERS

**Re: Application of Williams Production Co., LLC for a non-standard gas spacing and proration units in the Basin-Mancos Gas Pool, Rosa Unit, San Juan and Rio Arriba Counties, New Mexico.**

Ladies and Gentlemen:

This letter is to advise you that Williams Production Company has filed the enclosed application with the New Mexico Oil Conservation Division seeking approval of non-standard gas spacing and proration units in the Basin-Mancos Gas Pool within the Rosa Unit in Township 31 North, Ranges 5 and 6 West, NMPM, San Juan and Rio Arriba Counties. Williams seeks approval of these non-standard spacing units to conform with those units approved in Order R-2046-B.

This application has been set for hearing before a Division Examiner at 8:15 a.m. on November 13, 2008. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four days in advance of a scheduled hearing. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Sincerely,

*Ocean Munds-Dry*  
Ocean Munds-Dry  
for Holland & Hart LLP

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻

**AFFIDAVIT OF PUBLICATION**

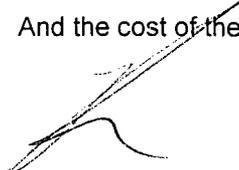
**Ad No. 60813**

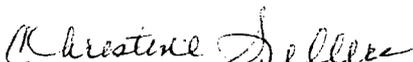
**STATE OF NEW MEXICO  
County of San Juan:**

BOB WALLER, being duly sworn says: That he is the CLASSIFIED MANAGER of THE DAILY TIMES, a daily newspaper of general circulation published in English at Farmington, said county and state, and that the hereto attached Legal Notice was published in a regular and entire issue of the said DAILY TIMES, a daily newspaper duly qualified for the purpose within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico for publication and appeared in the Internet at The Daily Times web site on the following day(s):

Saturday, October 25, 2008

And the cost of the publication is \$163.18

  
ON 11/04/08 BOB WALLER appeared before me, whom I know personally to be the person who signed the above document.

  
My Commission Expires November 05, 2011

**COPY OF PUBLICATION**

**NOTICE OF PUBLICATION**

**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES  
DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on November 13, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by November 3, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW MEXICO TO:  
All named parties and persons  
Having any right, title, interest  
or claim in the following cases  
and notice to the public.**

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

**CASE: 14241:**

Application of Williams Production Co., LLC for non-standard gas spacing and proration units in the Basin-Mancos Gas Pool, Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks approval of non-standard gas spacing and proration units in the Basin-Mancos Gas Pool within the Rosa Unit in Township 31 North, Ranges 5 and 6 West, NMPM. Williams seeks to form these non-standard spacing units in conformity with units approved under Order R-2046-B. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 14th day of October.

**STATE OF NEW MEXICO  
OIL CONSERVATION  
DIVISION**

Mark E. Fesmire, P.E., Director

Legal No. 60813 published in The Daily Times Farmington, New Mexico on Saturday, October 25, 2008

FROM :RioGrandeSun

**NOTICE OF PUBLICATION  
STATE OF NEW MEXICO  
ENERGY, MINERALS AND  
NATURAL RESOURCES  
DEPARTMENT  
OIL CONSERVATION  
DIVISION**

**SANTA FE, NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on November 13, 2008, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by November 3, 2008. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

**STATE OF NEW MEXICO  
TO:**

**All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.**

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE: 14241:  
Application of Williams Production Co., LLC for non-standard gas spacing and proration units in the Basin-Mancos Gas Pool, Rosa Unit, San Juan and Rio Arriba Counties, New Mexico. Applicant, in the above-styled cause seeks approval of non-standard gas spacing and proration units in the Basin-Mancos Gas Pool within the Rosa Unit in Township 31 North, Ranges 5 and 6 West, NMPM. Williams seeks to form these non-standard spacing units in conformity with units approved under Order R-2046-B. Said area is located approximately 9 miles southeast of Arboles, Colorado.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 14th day of October.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION

FROM :RioGrandeSun

FAX NO. :505 753 2140

Oct. 22 2008 01:03PM P6

Mark E. Fesmire, P.E., Director  
(Published October 30, 2008)

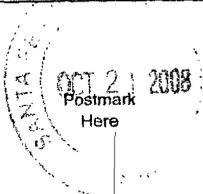
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Forest Oil Corp.  
 P.O. Box 847581  
 Dallas, TX 75284-7581

*Returned*

for instructions

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U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



ConocoPhillips Co.  
 21873 Network Place  
 Chicago, ILL 60673-1218

Instructions

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Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

BP America Production Company  
Attention: OOJI  
P.O. Box 21868  
Tulsa, OK 74121

Send  
Street or P.O. Box  
City, State, ZIP+4<sup>®</sup>

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
BP America Production Company  
Attention: OOJI  
P.O. Box 21868  
Tulsa, OK 74121

2. Article Number **7006 2760 0001 6391 6318**  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

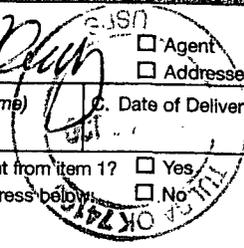
A. Signature *Sam Zillman*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 2760 0001 6391 6325

U.S. Postal Service  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information, visit our website.

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Accord DU LAC Partnership LP  
P.O. Box 676370  
Rancho Santa Fe, CA 92067-6370

Send  
Street or P.O. Box  
City, State, ZIP+4<sup>®</sup>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Accord DU LAC Partnership LP  
P.O. Box 676370  
Rancho Santa Fe, CA 92067-6370

2. Article Number **7006 2760 0001 6391 6325**  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

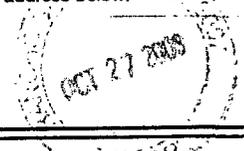
A. Signature *Suzanne Alvarez*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 2760 0001 6391 6332

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only - No Insurance Coverage)

For delivery information, visit our website at www.usps.com

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>
Adeia Mascareñas Quintana P.O. Box 1824 Ignacio, CO 81137-1824	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Adeia Mascareñas Quintana  
P.O. Box 1824  
Ignacio, CO 81137-1824

2. Article Number

(Transfer from service label)

7006 2760 0001 6391 6332

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

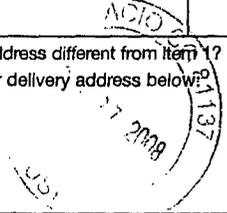
X *Adeia Mascareñas Quintana*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? If YES, enter delivery address below:

Yes  No



3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

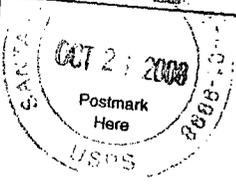
4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



*Returned*

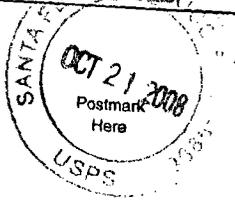
Angelina Barela  
 1116 E. 4th Avenue  
 Durango, CO 81301

7006 2760 0001 6391 6349

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



Ashley Gould  
 475 S. New Hampshire Avenue  
 Los Angeles, CA 90020

7006 2760 0001 6391 6356

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Ben R. Howard  
 11490 Audelia Road, Apt. 215  
 Dallas, TX 75243-9014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Helen Kerkis*

B. Received by (Printed Name)  Agent  Addressee  
*Helen Kerkis* C. Date of Delivery *10-23*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 6363

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6363

7006 2760 0001 6391 6370

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our web site

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Betty T. Johnston Marital  
L.E. Carbaugh P. M. Hardw  
245 Commerce Green Bl  
Sugar Land, TX 77478

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Betty T. Johnston Marital Tr  
L.E. Carbaugh P. M. Hardw  
245 Commerce Green Blvd., Suite 280  
Sugar Land, TX 77478

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 6370

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) T. HENDERSON C. Date of Delivery 10/20/08

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 6387

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our web site

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Sent Carl Dellinger  
3605 Britt Street  
Albuquerque, NM

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Carl Dellinger  
3605 Britt Street, NE  
Albuquerque, NM 87111

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 6387

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 10-24-08

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 1140 0002 9558 8445

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)  
OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Sent Carolyn Nielsen S  
Little Oil & Gas I  
P.O. Box 1258  
Farmington, NM

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Carolyn Nielsen Sedberry  
Little Oil & Gas Inc. Agent  
P.O. Box 1258  
Farmington, NM 87499

2. Article Number  
(Transfer from service label) 7001 1140 0002 9558 8445

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 10-22

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Sen  
 P.O. Box 30281 - Upt  
 Albuquerque, NM 87

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Chamisa Land Co.  
 P.O. Box 30281 - Uptown Station  
 Albuquerque, NM 87190-0281

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3195

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Charlene S. Byers  
 579 S. Poplar Way  
 Denver, CO 80224

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Charlene S. Byers  
 579 S. Poplar Way  
 Denver, CO 80224

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3188

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.6</b>

Sen  
 Christine V. Merch  
 c/o David J. Soren  
 P.O. Box 1453  
 Roswell, NM 882

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Christine V. Merchant  
 c/o David J. Sorenson  
 P.O. Box 1453  
 Roswell, NM 88202-1453

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3171

7006 2760 0001 6391 3164

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our web site  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Send or City Claudia Lundell Gilmer  
101 Oak Meadow  
Georgetown, TX 78628

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Claudia Lundell Gilmer  
101 Oak Meadow  
Georgetown, TX 78628

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3164

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Claudia Gilmer*  Agent  Addressee

B. Received by (Printed Name) Claudia Gilmer  
C. Date of Delivery 10-27-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3157

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our web site  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Send or City Consueña Mascarenas  
1001 Tucker  
Farmington, NM 87401

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Consueña Mascarenas Gooch  
1001 Tucker  
Farmington, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3157

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Perey Gooch*  Agent  Addressee

B. Received by (Printed Name)  
C. Date of Delivery 10-2-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3140

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our web site  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Send or City Cyrene L. Inman  
Bank of America NA  
P.O. Box 840738  
Dallas, TX 75284-0738

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Cyrene L. Inman  
Bank of America NA Agent  
P.O. Box 840738  
Dallas, TX 75284-0738

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3140

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *AI*  Agent  Addressee

B. Received by (Printed Name)  
C. Date of Delivery 10-2-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3133

**U.S. Postal Service**  
**CERTIFIED MAIL™, REG.**  
*(Domestic Mail Only; No Insurance)*  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent  
 Avelinda Mascarenas  
 5 CR 6067 NBU 1005  
 Farmington, NM 87401

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Avelinda Mascarenas  
 5 CR 6067 NBU 1005  
 Farmington, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3133

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Avelinda Mascarenas*

B. Received by (Printed Name)  Agent  Addressee  
 Avelinda Mascarenas

C. Date of Delivery  
 OCT 29 2003

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3126

**U.S. Postal Service**  
**CERTIFIED MAIL™, REG.**  
*(Domestic Mail Only; No Insurance)*  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent  
 Discovery I - Robert Leisen  
 12 W Ranch Trail  
 Morrison, CO 80465-9523

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Discovery I - Robert Leisen GP  
 12 W Ranch Trail  
 Morrison, CO 80465-9523

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3126

**COMPLETE THIS SECTION ON DELIVERY**

A. Signaturé  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
 C. Date of Delivery  
 10-28-03

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 3119

**U.S. Postal Service**  
**CERTIFIED MAIL™, REG.**  
*(Domestic Mail Only; No Insurance)*  
 For delivery information visit our website  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent  
 Dorothea J Caulfield Tr  
 Dorothea J Caulfield Tr  
 14647 Ranchview Ter  
 Chino Hills, CA 91709

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Dorothea J Caulfield Tr  
 Dorothea J Caulfield Trustee  
 14647 Ranchview Ter  
 Chino Hills, CA 91709

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3119

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Corinne Caulfield*

B. Received by (Printed Name)  Agent  Addressee  
 Corinne Caulfield

C. Date of Delivery  
 OCT 28 2003

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



2265 1693 1000 7006 2760 0001 6391 5922

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL</b> (Domestic Mail Only, No Insur...) For delivery information visit our <b>OFFICIAL</b> website		<b>SENDER: COMPLETE THIS SECTION</b> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>Elesida Enriquez</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ <u>5.6</u>	1. Article Addressed to: Elesida Enriquez 1115 4th Ave Durango, CO 81301		
		2. Article Number (Transfer from service label) <u>7006 2760 0001 6391 5922</u>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 3096

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL</b> (Domestic Mail Only, No Insur...) For delivery information visit our <b>OFFICIAL</b> website		<b>SENDER: COMPLETE THIS SECTION</b> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____ 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Postage \$ _____ Certified Fee <u>2</u> Return Receipt Fee (Endorsement Required) <u>2</u> Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ <u>5</u>	1. Article Addressed to: Estate of M.W. Hoover, Deceased Liberty National Bank & Trust Co. Executor P.O. Box 1588 Tulsa, OK 74101-1588		
		2. Article Number (Transfer from service label) <u>7006 2760 0001 6391 3096</u>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 3089

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL</b> (Domestic Mail Only, No Insur...) For delivery information visit our <b>OFFICIAL</b> website		<b>SENDER: COMPLETE THIS SECTION</b> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	<b>COMPLETE THIS SECTION ON DELIVERY</b> A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>Ricardo Salgado</u> C. Date of Delivery <u>10/24/08</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	1. Article Addressed to: Faye Lopez Romero 550 W Pabor Way Fruita, CO 81521-2025		
		2. Article Number (Transfer from service label) <u>7006 2760 0001 6391 3089</u>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™, REGISTERED™**  
 (Domestic Mail Only; No Insurance Coverage)

7006 2760 0001 6391 3072

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Fred E. Turner  
 4925 Greenville Ave # 8  
 Dallas, TX 75206

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Fred E. Turner  
 4925 Greenville Ave # 852  
 Dallas, TX 75206

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Sherry Gibbs*  Agent  Addressee

B. Received by (Printed Name)  
 Sherry Gibbs

C. Date of Delivery  
 1/4/23

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**U.S. Postal Service™**  
**CERTIFIED MAIL™, REGISTERED™**  
 (Domestic Mail Only; No Insurance Coverage)

7006 2760 0001 6391 3065

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Gertrude Frances McDonald  
 Sandra H Baca Personal Representative  
 PO Box 910  
 Durango CO 81301

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Gertrude Frances McDonald Estate  
 Sandra H Baca Personal Representative  
 PO Box 910  
 Durango CO 81301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Sandra Baca*  Agent  Addressee

B. Received by (Printed Name)  
 Sandra Baca

C. Date of Delivery  
 OCT 27 2008

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7006 2760 0001 6391 3065**  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL™, REGISTERED™**  
 (Domestic Mail Only; No Insurance Coverage)

7006 2760 0001 6391 3058

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Herbert R Briggs  
 Reynolds Hix & Co PO.  
 6729 Academy Road, Suite D  
 Albuquerque NM 87109

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Herbert R Briggs  
 Reynolds Hix & Co POA & Agent  
 6729 Academy Road, Suite D  
 Albuquerque NM 87109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Herbert Briggs*  Agent  Addressee

B. Received by (Printed Name)  
 Herbert Briggs

C. Date of Delivery  
 10/22/08

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7006 2760 0001 6391 3058**  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 3041

U.S. Postal Service  
CERTIFIED MAIL™  
(Domestic Mail Only; No Insurance)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Daniel D. Lopez  
1608 Oakway Drive  
Baltimore, MD 21222

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Daniel D. Lopez  
1608 Oakway Drive  
Baltimore, MD 21222

A. Signature  
x Daniel Lopez  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
10/20/04

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3041

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

PS Form 3811, February 2004

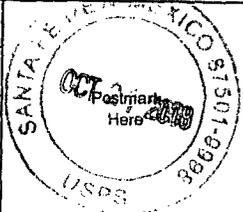
Domestic Return Receipt

102595-02-M-1540

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66



Debbie Moran  
3819 Latma Drive  
Houston, TX 77025-4120

7006 2760 0001 6391 3034

U.S. Postal Service™  
CERTIFIED MAIL™  
(Domestic Mail Only; No Insurance)

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 5.66

Sent to Douglas Cameron  
518 17th Street, Suite  
Denver Clb Bldg.  
Denver, CO 80202

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Douglas Cameron Mcleod  
518 17th Street, Suite 1455  
Denver Clb Bldg.  
Denver, CO 80202

A. Signature  
\* ASPPOWRE  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
10/23/04

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 3027

7006 2760 0001 6391 3027

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 3010

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ 76  
Certified Fee 2.76  
Return Receipt Fee (Endorsement Required) 2.22  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 Robert Wilton  Agent  Addressee

B. Received by (Printed Name) Robert Wilton C. Date of Delivery 10/28/08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Sent  
Street or P.O. Box  
City, State, ZIP+4<sup>®</sup>  
Elizabeth Jeanne Tur  
P.O. Box 191767  
Dallas, TX 75219-1767

1. Article Addressed to:  
  
Elizabeth Jeanne Turner Calloway  
P.O. Box 191767  
Dallas, TX 75219-1767

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 3010  
(Transfer from service label)

7006 2760 0001 6391 3003

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ 76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 [Signature]  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery 10/28/08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Sent  
Street or P.O. Box  
City, State, ZIP+4<sup>®</sup>  
Eula May Johnston Trust  
Bank of America N.A. Trustee  
Acct. 01/0066100  
P.O. Box 840738  
Dallas, TX 75284-0738

1. Article Addressed to:  
  
Eula May Johnston Trust  
Bank of America N.A. Trustee  
Acct. 01/0066100  
P.O. Box 840738  
Dallas, TX 75284-0738

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 3003  
(Transfer from service label)

7006 2760 0001 6391 2983

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ 76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 Florence Vallejos  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Sent  
Street or P.O. Box  
City, State, ZIP+4<sup>®</sup>  
Florence Vallejos  
PO Box 702  
Ignacio, CO 8113

1. Article Addressed to:  
  
Florence Vallejos  
PO Box 702  
Ignacio, CO 8113

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 2983  
(Transfer from service label)

7006 2760 0001 6391 2976

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Ins)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		2.7
Return Receipt Fee (Endorsement Required)		2.0
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.0

Sent  
Street or P.O. Box  
City  
Fred E. Turner I  
One Energy Squ  
4925 Greenville  
Dallas, TX 752

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Fred E. Turner LLC  
One Energy Square, Ste 852  
4925 Greenville Ave.  
Dallas, TX 75206-4079

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 2976

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X Sherry Gibbs*  Agent  Addressee

B. Received by (Printed Name) *Sherry Gibbs* C. Date of Delivery *1/23*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2969

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Ins)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	7
Certified Fee		27
Return Receipt Fee (Endorsement Required)		22
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.1

Sent  
Street or P.O. Box  
City  
H LP  
P.O. Box 2185  
Santa Fe, NM 87

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
H LP  
P.O. Box 2185  
Santa Fe, NM 87504

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 2969

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X D. D. D. D.*  Agent  Addressee

B. Received by (Printed Name) *D. D. D. D.* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2952

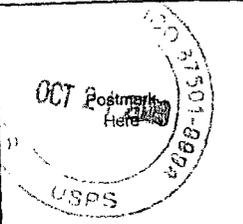
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	7.6
Certified Fee		2.70
Return Receipt Fee (Endorsement Required)		2.20
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.66

Sent  
Street or P.O. Box  
City  
HF Axtell & Freda Axtell  
101 Rio Vista Circle  
Durango CO 81301-4379



*Returned*

7006 2760 0001 6391 2945

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)

**SENDER: COMPLETE THIS SECTION**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 5.50
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.60</b>

1. Article Addressed to:  
 J Glenn Turner Jr  
 2 Turtle Creek Bend, Suite 1450  
 3838 Oak Lawn  
 Dallas, TX 75219

2. Article Number: 7006 2760 0001 6391 2945  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): Laura Brimmer

C. Date of Delivery: 27 Oct 08

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2936

**U.S. Postal Service™** PS Form 3811, February 2004  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

Domestic Return Receipt 102595-02-M-1540

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Postmark Here: [Circular Postmark]

1. Article Addressed to:  
 James Lopez  
 2837 Pinnacle  
 Colorado Springs, CO 80910

2. Article Number: [Blank]  
 (Transfer from service label)

7006 2760 0001 6391 2921

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only, No Insurance)

**SENDER: COMPLETE THIS SECTION**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 7.60
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.16</b>

1. Article Addressed to:  
 Jerry Tiras & Ethel Tiras  
 Tenants In Common  
 3388 Sage Rd # 1502  
 Houston, TX 77056

2. Article Number: [Blank]  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): [Blank]

C. Date of Delivery: 402408

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Sent \_\_\_\_\_  
 Street or PO \_\_\_\_\_  
 City: \_\_\_\_\_

7006 2760 0001 6391 2914

U.S. Postal Service  
CERTIFIED MAIL™ RE  
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

John L Turner  
PMB 285  
317 S Sidney Baker St  
Kerrville, TX 78028

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
John L Turner  
PMB 285  
317 S Sidney Baker Ste 400  
Kerrville, TX 78028

2. Article Number  
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Bill Ball*  Agent  Addressee

B. Received by (Printed Name) *Bill Ball* C. Date of Delivery *10/29/05*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2907

U.S. Postal Service  
CERTIFIED MAIL™  
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .70  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.60

John S McDonald  
1550 Cherry St Apt 164  
Wenatchee, WA

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
John S McDonald  
1550 Cherry St Apt 164  
Wenatchee, WA 98801-0164

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 2907

A. Signature  
X *Beverly Selland*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 2891

U.S. Postal Service  
CERTIFIED MAIL™  
(Domestic Mail Only, No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$  
Certified Fee 2  
Return Receipt Fee (Endorsement Required) 2  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5

Jose L Candelaria  
PO Box 1754  
Arboles, CO 81121

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Jose L Candelaria  
PO Box 1754  
Arboles, CO 81121

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 2891

A. Signature  
X *Jose L Candelaria*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery *10-28-08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 2884

U.S. Postal Service  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL USE**

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Se  
Si  
or  
Ci  
PS  
Julian Lopez  
130 Mulberry  
Fruita, CO 81521

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Julian Lopez  
130 Mulberry  
Fruita, CO 81521

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Julian Lopez*  Agent  Addressee

B. Received by (Printed Name) *Julian Lopez* C. Date of Delivery *10/29/08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 2884

7006 2760 0001 6391 2877

U.S. Postal Service  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL USE**

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Se  
Si  
or  
F  
City  
PS  
Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Kenneth H Barber  
39 Marland Rd  
Colorado Springs, CO 80906-4328

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Carolyn R. Barber*  Agent  Addressee

B. Received by (Printed Name) *Carolyn R. Barber* C. Date of Delivery *Oct. 24, 08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

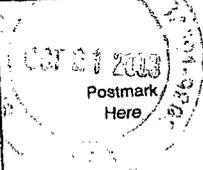
2. Article Number (Transfer from service label) 7006 2760 0001 6391 2877  
PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 2860

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com  
**OFFICIAL USE**

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Lee Lopez  
2041 College Cr  
Las Vegas, NV 89115



102595-02-M-1540

7006 2760 0001 6392 9028

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

J. Glenn Turner, Jr. Llc  
3838 Oak Lawn  
Suite 1450  
Dallas, TX 75219

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
J. Glenn Turner, Jr. Llc  
3838 Oak Lawn  
Suite 1450  
Dallas, TX 75219

2. Article Number  
(Transfer from service label) **7006 2760 0001 6392 9028**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) **Laura Summer** C. Date of Delivery **27 Oct 08**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2846

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Jerry J Andrew  
408 Longwoods Ln  
Houston, TX 77024

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Jerry J Andrew  
408 Longwoods Ln  
Houston, TX 77024

2. Article Number  
(Transfer from service label) **7006 2760 0001 6391 2846**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) **[Name]** C. Date of Delivery **10/24/08**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2822

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

John A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
John A Mascarenas  
8801 N 104th Ave  
Peoria, AZ 85345

2. Article Number  
(Transfer from service label) **7006 2760 0001 6391 2822**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) **John A. Mascarenas** C. Date of Delivery **10/24/08**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2815

**U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No Insurance)**

For delivery information visit our website **OFFICIAL**

Postage \$ 2.00  
 Certified Fee 2.00  
 Return Receipt Fee (Endorsement Required) 2.00  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ 5.00

Sent Johnson Tr Uad 1/  
 Street or PO Sp Johnson III & E  
 City, State, ZIP+4 Roswell, NM 88202

1. Article Addressed to:  
 Johnson Tr Uad 1/24/85  
 Sp Johnson III & Barbara Jo Johnson Co Trustees  
 P.O. Box 1641  
 Roswell, NM 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6391 2815

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature Tracy Thompson  Agent  Addressee  
 B. Received by (Printed Name) Tracy Thompson C. Date of Delivery 7-24-05  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 2808

**U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No Insurance)**

For delivery information visit our website **OFFICIAL**

Postage \$ 2.76  
 Certified Fee 2.76  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ 5.66

Sent JTV Ptrshp  
 Street or PO Tracy C Thompson M  
 City, State, ZIP+4 PO Box 1713  
 Roswell, NM 88202

1. Article Addressed to:  
 JTV Ptrshp  
 Tracy C Thompson Managing Partner  
 PO Box 1713  
 Roswell, NM 88202

2. Article Number (Transfer from service label) 7006 2760 0001 6391 2808

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature Tracy Thompson  Agent  Addressee  
 B. Received by (Printed Name) Tracy Thompson C. Date of Delivery 10-21-08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 2792

**U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only, No Insurance)**

For delivery information visit our website **OFFICIAL**

Postage \$ 2.76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ 5.66

Sent Kellie M Kross  
 Street or PO C/O David J Sorenson  
 City, State, ZIP+4 PO Box 1453  
 Roswell, NM 88202-1453

1. Article Addressed to:  
 Kellie M Kross  
 C/O David J Sorenson  
 PO Box 1453  
 Roswell, NM 88202-1453

2. Article Number (Transfer from service label) 7006 2760 0001 6391 2792

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature David J Sorenson  Agent  Addressee  
 B. Received by (Printed Name) David J Sorenson C. Date of Delivery 10-27-08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Postmark  
Here

Sent: Laplante/Johnson Fam Tr  
 Joel S Johnson & Peggy L Laplante Co  
 Trustees  
 7275 S Sundown Cir  
 Littleton, CO 80120

7006 2760 0001 6391 2785

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RE**  
*(Domestic Mail Only, No Insurance*

For delivery information, visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Sent: Linda Lundell Lindsey  
 PO Box 631565  
 Nacogdoches, TX 75

7006 2760 0001 6391 5687

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Linda Lundell Lindsey  
 PO Box 631565  
 Nacogdoches, TX 75963

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6391 5687

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *Michael S. R. Adams* C. Date of Delivery *02/01/05*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ R**  
*(Domestic Mail Only, No Insuranc*

For delivery information, visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Sent: Marcia Berger  
 C/O Petroleum Asset M  
 PO Box 745  
 Hobbs, NM 88241

7006 2760 0001 6391 5670

**SENDER: COM**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marcia Berger  
 C/O Petroleum Asset Mgmt LLC  
 PO Box 745  
 Hobbs, NM 88241

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6391 5670

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *S. Scott* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2761

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 7.00
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.60

Sent to: Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK

Street or PO City, State, ZIP+4

**CERTIFIED MAIL**  
SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Manuel R Lopez  
12871 Johns Rd  
Anchorage, AK 99515-3708

2. Article Number (Transfer from service label)  
7006 2760 0001 6391 2761

**CERTIFIED MAIL**  
ON/ON DELIVERY

A. Signature  
X M. Lopez  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
M. LOPEZ

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2778

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent to: Marie Gould  
475 S New Hampshire Ave  
Los Angeles, CA 90020

Street or PO City, State, ZIP+4



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Sent to: Matthew N Sorenson  
PO Box 1453  
Roswell, NM 88202

Street or PO City, State, ZIP+4

**CERTIFIED MAIL**  
SENDER: COMPLETE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Matthew N Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

2. Article Number (Transfer from service label)  
7006 2760 0001 6391 2754

**CERTIFIED MAIL**  
ON/ON DELIVERY

A. Signature  
X David J. Sorenson  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
David J. Sorenson 10-27-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 2747

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

SENDER'S COPY  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

For delivery information visit our website  
**OFFICIAL**

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.66

Sent To  
Nancy P Tonkin Rev Tr  
Nancy Tonkin Cutter &  
Allen M Tonkin Jr  
1524 Park Ave SW  
Albuquerque, NM 871

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy P Tonkin Rev Tr  
Nancy Tonkin Cutter &  
Allen M Tonkin Jr  
1524 Park Ave SW  
Albuquerque, NM 87104

A. Signature  
X *Tonkin*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 2747

7006 2760 0001 6391 2730

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

SENDER'S COPY  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

For delivery information visit our website  
**OFFICIAL**

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.66

Sent To  
Osprey Resources Inc  
PO Box 56449  
Houston, TX 77256

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Osprey Resources Inc.  
PO Box 56449  
Houston, TX 77256-6449

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 2730

7006 2760 0001 6391 2723

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

SENDER'S COPY  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

THIS SECTION ON DELIVERY

For delivery information visit our website  
**OFFICIAL**

Postage \$ .76

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.66

Sent To  
Paul Jay Lewis  
309 W 43rd St Ste 105  
Sioux Falls, SD 5710

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Paul Jay Lewis  
309 W 43rd St Ste 105  
Sioux Falls, SD 57105-6805

A. Signature  
X *Kathryn Nash*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
10-23-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 2760 0001 6391 2723

7006 2760 0001 6391 2633  
7006 2760 0001 6391 2648  
7006 2760 0001 6391 2655

Pedro F Lopez  
784 Arboles-Lopez Rd  
Ignacio, CO 81137

Pennies From Heaven I  
Bank Of America Agen  
PO Box 840738  
Dallas, TX 75283-030

Pure Resources LP  
PO Box 910552  
Dallas, TX 75391-0552

SENDER	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Pedro F Lopez 784 Arboles-Lopez Rd Ignacio, CO 81137	B. Received by (Printed Name) Pedro F Lopez	C. Date of Delivery 10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label)	7006 2760 0001 6391 2631	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Pennies From Heaven LLC Bank Of America Agent PO Box 840738 Dallas, TX 75283-0308	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label)	7006 2760 0001 6391 2648	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7006 2760 0001 6391 2662

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

SENDER: COM [Redacted] **CERTIFIED MAIL™** ON DELIVERY

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Mary Frances Turner Jr Tr 6  
Chase Bank Of Texas  
C/O JP Morgan Chase Bank  
PO Box 99084  
Fort Worth, TX 76199-0084

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Mary Frances Turner Jr Tr 6743  
Chase Bank Of Texas  
C/O JP Morgan Chase Bank NA  
PO Box 99084  
Fort Worth, TX 76199-0084

A. Signature  
X *R. Estes*

B. Received by (Printed Name)  
*R. Estes*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6391 2662**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 2679

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

SENDER: [Redacted] **CERTIFIED MAIL™** ON DELIVERY

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Moran Oil Enterprises  
PO Box 1295  
Seminole, OK 74818-1295

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Moran Oil Enterprises  
PO Box 1295  
Seminole, OK 74818-1295

A. Signature  
X *B. Jones*

B. Received by (Printed Name)  
*B. Jones*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6391 2679**

7006 2760 0001 6391 2686

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

SENDER: COMP [Redacted] **CERTIFIED MAIL™** ON DELIVERY

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

New Mexico State Ro  
310 Old Santa Fe Trl  
Santa Fe, NM 87501

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
New Mexico State Royalty  
310 Old Santa Fe Trl  
Santa Fe, NM 87501

A. Signature  
X *Sisa Maritz*

B. Received by (Printed Name)  
*Sisa Maritz*

C. Date of Delivery  
*10-23-08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 2760 0001 6391 2686**

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Postmark  
Here

Sent  
 Patricia F Wise  
 PO Box 157  
 Patton, CA 92369-0157

7006 2760 0001 6391 2693

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Postmark  
Here

Sent  
 Paul Lopez  
 2828 B 4/10 Rd  
 Grand Junction, CO 81502-2184

7006 2760 0001 6391 2709

U.S. Postal Service™  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$ .7
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5</b>

Sent  
 Peggy Mascarenas  
 PO Box 427  
 Flora Vista, NM

7006 2760 0001 6391 2716

**SENDER: COMPLETE THIS SECTION** **CERTIFIED MAIL™** **ON DELIVERY**

- Complete item 1, 2, 3, and 4 if Restricted Delivery is required.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Peggy Mascarenas McWilliams  
 PO Box 427  
 Flora Vista, NM 87415

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

Agent  
 Addressee

B. Received by (Printed Name) *Peggy McWilliams*  
 C. Date of Delivery *10-22-08*

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Restricted Mail  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6391 2716

7006 2760 0001 6391 2853

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

PJC LP  
1409 S Sunset  
Roswell, NM 88201

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
PJC LP  
1409 S Sunset  
Roswell, NM 88201

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 2853

PS Form 3811, February 2004 Domestic Return Receipt

**ADDRESSEE: COMPLETE THIS SECTION**

A. Signature  
*P. Cooper*  Agent  Addressee

B. Received by (Printed Name) *By Burch* C. Date of Delivery *10-27-08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
*88203*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

760 0001 6391 2990

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Ramseyer Community Tr  
Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Ramseyer Community Tr  
Nancy Lanier Kobel Trustee  
2415 S Hillcrest  
Camp Verde, AZ 86322

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 2990

PS Form 3811, February 2004 Domestic Return Receipt

**ADDRESSEE: COMPLETE THIS SECTION**

A. Signature  
*Nancy Kobel*  Agent  Addressee

B. Received by (Printed Name) *Nancy Kobel* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 6196

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Ramseyer Liv Tr  
Bruce & Kay Ramseyer Trustee  
11741 Colony Dr  
Santa Ana, CA 92705

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Ramseyer Liv Tr  
Bruce & Kay Ramseyer Trustee  
11741 Colony Dr  
Santa Ana, CA 92705

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 6196

PS Form 3811, February 2004 Domestic Return Receipt

**ADDRESSEE: COMPLETE THIS SECTION**

A. Signature  
*Bruce Ramseyer*  Agent  Addressee

B. Received by (Printed Name) *Bruce Ramseyer* C. Date of Delivery *10-24-2008*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 6202

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required) 1.10

RL Zinn Et Al Ltd  
3400 Bissonnet St # 250  
Houston, TX 77005-2155

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
RL Zinn Et Al Ltd  
C/O Zinn Petroleum Co  
3400 Bissonnet St # 250  
Houston, TX 77005-2155

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X Naomi [Signature]

B. Received by (Printed Name) Naomi [Signature]  
C. Date of Delivery 10-24-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number 7006 2760 0001 6391 6202  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

- Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Robert W Isham Est  
Eleanor Joy & R W Isham III Pers Rep  
PO Box 290  
Gordon, NE 69343

A. Signature  Agent  Addressee  
X [Signature]

B. Received by (Printed Name) [Signature]  
C. Date of Delivery 10/27/08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 6219  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 6219

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ .7  
Certified Fee 2.7  
Return Receipt Fee (Endorsement Required) 2.2  
Restricted Delivery Fee (Endorsement Required) 1.1

Total Postage & Fees \$ 5.1  
Robert W Isham Est  
Eleanor Joy & R W Isham I  
PO Box 290  
Gordon, NE 69343

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X Walt Lundell

B. Received by (Printed Name) Walt Lundell  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 6226  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6391 6226

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ .  
Certified Fee 2.  
Return Receipt Fee (Endorsement Required) 2.  
Restricted Delivery Fee (Endorsement Required) 1.

Total Postage & Fees \$ 5.  
Robert Walter Lundell  
2450 Fondren # 304  
Houston, TX 77063

7006 2760 0001 6391 6233

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)

For delivery information visit our web:

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Rogers-Gibbard Tr  
Susan Rogers Eveland Tr  
3630 River Oaks Ct  
Tyler, TX 75707-1658

**SENDER: COMPLETE THIS SECTION** **CERTIFIED MAIL** **COMPLETION ON DELIVERY**

- Complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Rogers-Gibbard Tr  
Susan Rogers Eveland Trustee  
3630 River Oaks Ct  
Tyler, TX 75707-1658

A. Signature  Agent  Addressee  
X *Susan W. Eveland*

B. Received by (Printed Name) C. Date of Delivery  
10-27-08

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6233

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6240

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)

For delivery information visit our web:

**OFFICIAL**

Postage	\$ .7
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.6

Rose Mascarenas Carter  
PO Box 323  
Flora Vista, NM 87415

**SENDER: COMPLETE THIS SECTION** **CERTIFIED MAIL** **COMPLETION ON DELIVERY**

- Complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Rose Mascarenas Carter  
PO Box 323  
Flora Vista, NM 87415

A. Signature  Agent  Addressee  
X *Rose Smith*

B. Received by (Printed Name) C. Date of Delivery  
*Rose Smith*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6240

PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 6257

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)

For delivery information visit our web:

**OFFICIAL**

Postage	\$
Certified Fee	2
Return Receipt Fee (Endorsement Required)	2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4

Steven Kent Lust  
1314 6th Ave Sw  
Aberdeen, SD 57401

**SENDER: COMPLETE THIS SECTION** **CERTIFIED MAIL** **COMPLETION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Steven Kent Lust  
1314 6th Ave Sw  
Aberdeen, SD 57401

A. Signature  Agent  Addressee  
X *Jewann Bretsch*

B. Received by (Printed Name) C. Date of Delivery  
*Jewann Bretsch* 10-27

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6257

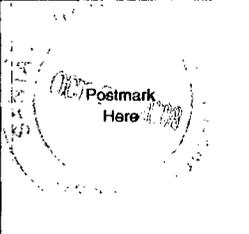
PS Form 3811, February 2004 Domestic Return Receipt

7006 2760 0001 6391 6264

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)  
For delivery information, visit our website at www.usps.com®

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



Stricker Petroleum Corp  
Dover, DE 19901



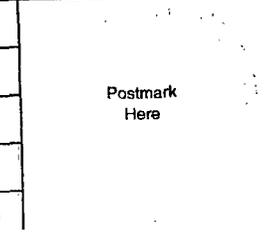
*Returned*

7006 2760 0001 6391 6271

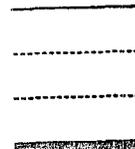
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)  
For delivery information, visit our website at www.usps.com®

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



Tab Riley Smith  
PO Box 2267  
Bellaire, TX 77402



7006 2760 0001 6391 6288

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)  
For delivery information, visit our website at www.usps.com®

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Tina M Carpenter  
5211 Autumn Way  
Mchenry, IL 60050

**SENDER COMPLETE** **CERTIFIED MAIL** **DELIVERY**

- Complete items 1, 2, 3, and 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  Agent  Addressee  
*\* Juan M. Lopez*

B. Received by (Printed Name)  C. Date of Delivery  
*Tina M. Carpenter 10-31-08*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
  
Tina M Carpenter  
5211 Autumn Way  
Mchenry, IL 60050

**CARP211 600514009 1C07 12 10/28/08**  
**NOTIFY SENDER OF NEW ADDRESS**  
**CARPENTER, TINA M**  
**747 MALLARD DR #747**  
**MARENGO IL 60152-3631**



2. Article Number (Transfer from service label) 7006 2760 0001 6391 6288

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

7001 1140 0002 9559 9991

Postage	\$ .76	
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	2.20	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.11</b>	
Richard L Lopez 1400 N 24th St Grand Junction, CO 81501-5680		
Instructions		

SENDER COMPL		<b>CERTIFIED MAIL</b>		DELIVERY	
Complete items item 4 if Restricted Delivery is used. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.				<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Richard L Lopez 1400 N 24th St Grand Junction, CO 81501-5680				B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>10/24/09</i>	
2. Article Number (Transfer from service label)				D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.				4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 1140 0002 9559 9991					

7001 1140 0002 9559 9922

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

Robert E Beamon III  
 2603 Augusta Ste 1050  
 Houston, TX 77057

SENDER'S COPY

**CERTIFIED MAIL**

1. Article Addressed to:  
 Robert E Beamon III  
 2603 Augusta Ste 1050  
 Houston, TX 77057

2. Article Number  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

B. Received by (Printed Name) *M. Weber*  
 C. Date of Delivery *10/29/08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7001 1140 0002 9559 9939

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

Postage \$ .  
 Certified Fee 2.  
 Return Receipt Fee (Endorsement Required) 2.  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.6

Robert W Umbach Cancer Found.  
 Wells Fargo Bank Na Agent  
 PO Box 5383  
 Denver, CO 80217

SENDER'S COPY

**CERTIFIED MAIL**

1. Article Addressed to:  
 Robert W Umbach Cancer Foundation Inc  
 Wells Fargo Bank Na Agent  
 PO Box 5383  
 Denver, CO 80217

2. Article Number  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *X JASON MAHAN*  
 B. Received by (Printed Name)  
 C. Date of Delivery *10-24-08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7001 1140 0002 9559 9946

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

Postage \$ .7  
 Certified Fee 2.7  
 Return Receipt Fee (Endorsement Required) 2.2  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.6

Rose M Lopez Atencio  
 222 S Peach  
 Fruita, CO 81521

SENDER'S COPY

**CERTIFIED MAIL**

1. Article Addressed to:  
 Rose M Lopez Atencio  
 222 S Peach  
 Fruita, CO 81521

2. Article Number  
 (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature *X Rose Atencio*  
 B. Received by (Printed Name)  
 C. Date of Delivery *10/24/08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Instructions

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Ins.)

SENDER'S COPY

**CERTIFIED MAIL**

ON/ON DELIVERY

- 1. Complete item 4 if Restricted Delivery is desired.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

*R.B.N.*

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

*1/19*

1. Article Addressed to:

Roger B Nielsen  
 1200 Danbury Dr  
 Mansfield, TX 76063

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Roger B Nielsen  
 1200 Danbury Dr  
 Mansfield, TX 76063

7001 1140 0002 9559 9793

7001 1140 0002 9559 9793

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only, No Insurance Coverage Provided)**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16

Postmark Here

Sidney Moran  
 18 Hudson Cir  
 Houston, TX 77024-7254

7001 1140 0002 9559 9953

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only, No Insurance Coverage Provided)**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16  
 Total Postage & Fees \$ 5.66

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Stevens Partners LP  
 C/O Walter J Melendres Esq  
 1069 Encantado Dr  
 Santa Fe, NM 87501

**2. Article Number  
(Transfer from service label)**

7001 1140 0002 9559 9960

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Walter J Melendres

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only, No Insurance Coverage Provided)**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 5.16  
 Total Postage & Fees \$ 5.66

Postmark Here

T Patrick Nacol  
 611 Druid Rd E Ste 711  
 Clearwater, FL 33756-3931

7001 1140 0002 9559 9977

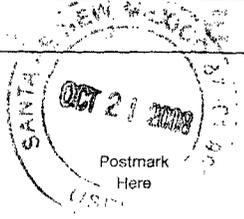
*Returned*

Instructions

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

7001 1140 0002 9559 9984

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



Tim L Dale  
 C/O T Patrick Nacol  
 434 St Andrews Dr  
 Belleair, FL 34616-1924

Instructions

*Returned*

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

7001 1140 0002 9559 9915

OFFICIAL

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

**SEND TO ADDRESSEE** **CERTIFIED MAIL** **SECTION ON DELIVERY**

- Complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

Agent  
 Addressee

B. Received by (Printed Name) *Tom Mascarenas*  
 C. Date of Delivery *10-31-03*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Tommy Mascarenas  
 PO Box 616  
 Jamul, CA 91935-0616

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7001 1140 0002 9559 9915

7006 2760 0001 6391 6097

U.S. Postal Service  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance C

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Tony S Lopez  
PO Box 371154  
Denver, CO 80237

SENDER: **CERTIFIED MAIL™** SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *Tony Lopez*  Agent  Addressee

B. Received by (Printed Name) *Tony Lopez* C. Date of Delivery *10-28-08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

1. Article Addressed to:  
Tony S Lopez  
PO Box 371154  
Denver, CO 80237

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 6097  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6103

U.S. Postal Service  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance C

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Va Johnston Fam Tr  
Da Prewitt & Ma Chesser Co Trustees  
PO Box 825  
Ralls, TX 79357-0825

SENDER: **CERTIFIED MAIL™** SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *David H. Prewitt*  Agent  Addressee

B. Received by (Printed Name) *David H. Prewitt* C. Date of Delivery *10-23-08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

1. Article Addressed to:  
Va Johnston Fam Tr  
Da Prewitt & Ma Chesser Co Trustees  
PO Box 825  
Ralls, TX 79357-0825

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 6103  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6110

U.S. Postal Service  
**CERTIFIED MAIL™ REC**  
(Domestic Mail Only; No Insurance C

For delivery information visit our website

**OFFICIAL**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.66

Walter R Gould  
PO Box 903  
Española, NM 87532-0903

SENDER: **CERTIFIED MAIL™** SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *Walter R. Gould*  Agent  Addressee

B. Received by (Printed Name) *WALTER R. GOULD* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

1. Article Addressed to:  
Walter R Gould  
PO Box 903  
Española, NM 87532-0903

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 6110  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6127

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only, No Insurance)

SENDER: CO



ON DELIVERY

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

1. Article Addressed to:  
William Poleson  
620 Penrose Blvd  
Colorado Springs, CO 80906

B. Received by (Printed Name)  
C. Date of Delivery 10/23

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6127

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only, No Insurance)

SENDER: COMPLETE THIS SECTION



COMPLETE THIS SECTION ON DELIVERY

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

1. Article Addressed to:  
Energen Resources Corp  
605 Richard Arrington Jr Blvd N  
Birmingham, AL 35203-2707

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6134

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only, No Insurance)

SENDER: CO



ON DELIVERY

OFFICIAL

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

1. Article Addressed to:  
Jasmine Moran Children's  
Museum Foundation Inc  
PO Box 1828  
Seminole, OK 74818-1828

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6141

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Jasmine Moran Children's  
Museum Foundation Inc  
PO Box 1828  
Seminole, OK 74818-1828

9579 1659 7000 0922 9007

5979 1659 7000 0922 9007

2179 1659 7000 0922 9007

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gumz Fam Tr Dtd 10/31/03  
 Henry F Gumz & Margaret Gumz Co  
 Trustees  
 674 Via Mendoza Unit D  
 Laguna Woods, CA 92637

Gumz Fam Tr Dtd 10/31/03  
 Henry F Gumz & Margaret  
 Trustees  
 674 Via Mendoza Unit D  
 Laguna Woods, CA 92637

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6391 6158

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Gifford H. Nigh & Margaret Nigh  
 202 FM 2578 Rm 45  
 Terrell, TX 75160

**SENDER**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Mascarenas  
 Rd 3581 #13  
 Flora Vista, NM 87415-9603

Robert Mascarenas  
 Rd 3581 #13  
 Flora Vista, NM 87415

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6391 6172

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6392 4634

U.S. Postal Service  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 1.1  
 Total Postage & Fees \$ 5.11

Trini Lopez Montoya  
 5691 W 35<sup>th</sup> Ave Apt  
 Denver, Co 80212

**CERTIFIED MAIL** SENDER: C  
 PLACE STICKER AT TOP OF ENVELOPE OR FOLD AT DOTTED LINE OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

1. Article Addressed to:  
 Trini Lopez Montoya  
 5691 W 35<sup>th</sup> Ave Apt 1-A  
 Denver, Co 80212

2. Article Number (Transfer from service label) 7006 2760 0001 6392 4634

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

B. Received by (Printed Name) X Trini Lopez Montoya  Agent  Addressee  
 C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 5991

U.S. Postal Service  
**CERTIFIED MAIL™ R**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 1.1  
 Total Postage & Fees \$ 5.66

Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87412

**CERTIFIED MAIL** SENDER: COM  
 PLACE STICKER AT TOP OF ENVELOPE OR FOLD AT DOTTED LINE OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

1. Article Addressed to:  
 Viola Mascarenas Lucero  
 PO Box 841  
 Bloomfield, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6391 5991

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature X Viola Mascarenas Lucero  Agent  Addressee  
 B. Received by (Printed Name) Viola Mascarenas Lucero C. Date of Delivery 10/22/08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6004

U.S. Postal Service  
**CERTIFIED MAIL™ REC**  
 (Domestic Mail Only, No Insurance)  
 For delivery information visit our website  
**OFFICIAL**

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required) 1.1  
 Total Postage & Fees \$ 5.66

William C Briggs  
 Reynolds Hix & Co Poa &  
 6729 Academy Rd Ste D  
 Albuquerque, NM 8710

**CERTIFIED MAIL** SENDER: C  
 PLACE STICKER AT TOP OF ENVELOPE OR FOLD AT DOTTED LINE OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

1. Article Addressed to:  
 William C Briggs  
 Reynolds Hix & Co Poa & Agent  
 6729 Academy Rd Ste D  
 Albuquerque, NM 8710

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6004

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Signature X M. Kuenstler  Agent  Addressee  
 B. Received by (Printed Name) M. Kuenstler C. Date of Delivery 10-23-08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE

OFFICIAL USE

For delivery information visit our website at www.usps.com

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

1. Article Addressed to:  
 WWR Enterprises Inc  
 C/O Petroleum Asset Mgmt Llc  
 PO Box 745  
 Hobbs, NM 88241

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6028

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

B. Received by (Printed Name) L Scott  
 C. Date of Delivery NN 88

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

OFFICIAL USE

For delivery information visit our website at www.usps.com

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

1. Article Addressed to:  
 Kleimor Energy LLC  
 8451 E Oregon Pl  
 Denver, CO 80231

2. Article Number (Transfer from service label)

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

Postmark Here

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE

OFFICIAL USE

For delivery information visit our website at www.usps.com

Postage \$ .76  
 Certified Fee 2.70  
 Return Receipt Fee (Endorsement Required) 2.20  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.66

1. Article Addressed to:  
 CEEFAM LLC  
 C/O Little Oil & Gas Inc  
 PO Box 1258  
 Farmington, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6391 6042

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

A. Signature X Chen White  
 B. Received by (Printed Name) Chen White  
 C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6059

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Claude I Hobson Rev Liv  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005

**SENDER'S COPY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Claude I Hobson Rev Liv Tr  
Claude I Hobson Trustee  
1608 Washington Street  
Bellevue, NE 68005  
  
2. Article Number  
(Transfer from service label)  
7006 2760 0001 6391 6059

**SECTION ON DELIVERY**  
A. Signature  
X *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
C. I. Hobson dtd 24 Oct 04  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6066

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Isabel Gonzales TR  
Bank of Oklahoma NA Agent  
Acct 50594-9  
P.O. Box 1588  
Tulsa, OK 74101

**SENDER'S COPY**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
Complete item 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Isabel Gonzales TR  
Bank of Oklahoma NA Agent  
Acct 50594-9  
P.O. Box 1588  
Tulsa, OK 74101  
  
2. Article Number  
(Transfer from service label)  
7006 2760 0001 6391 6066

**SECTION ON DELIVERY**  
A. Signature  
X *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
  
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 6073

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Nigh Rev Tr Agmt dtd 8/3/89  
Robert D. Nigh Trustee  
7080 Dean Road  
Indianapolis, IN 46220

Postmark Here

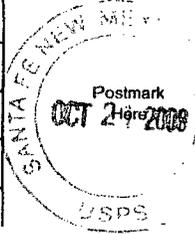
for instructions

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>



**Ser** Robert E. Oade  
**Str** 9665-Southern Belle Dr.  
**or l**  
**Cit** Brookville, FL 34613-4280

**U.S. Postal Service**  
**CERTIFIED MAIL™**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.</b>

Victoria Webb  
 806 Cordova  
 Dallas, TX 75223

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Victoria Webb  
 806 Cordova  
 Dallas, TX 75223

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6391 5892

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL™**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .76
Certified Fee	2.76
Return Receipt Fee (Endorsement Required)	2.26
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

XTO Energy, Inc.  
 Attn: Edwin S. Ryan,  
 810 Houston St., Ste  
 Fort Worth, TX 7610

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 XTO Energy, Inc.  
 Attn: Edwin S. Ryan, Jr.  
 810 Houston St., Ste 2000  
 Fort Worth, TX 76102-6298

2. Article Number  
 (Transfer from service label) 7006 2760 0001 6391 5908

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery OCT 21 2008

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

7006 2760 0001 6391 5915

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

Postmark  
 Here

Freda O Axtell Rev Tr  
 PO Box 801  
 Durango, CO 81302

Instructions

**U.S. Postal Service™**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

7006 2760 0001 6391 3102

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.66</b>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Elesida Enriquez  
 1115 4th Ave.  
 Durango, CO 81301

Sen  
 Stre  
 or F  
 City  
 Durango, CO 81301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Elesida Enriquez*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

7006 2760 0001 6391 5939

Postage	\$ .
Certified Fee	2.
Return Receipt Fee (Endorsement Required)	2.
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.</b>

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

Florence Vallejos  
 PO Box 702  
 Ignacio, CO 81137

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Florence Vallejos*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7006 2760 0001 6391 5939

Instructions

7006 2760 0001 6391 5946



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Patricia Marthy*  Agent  Addressee

B. Received by (Printed Name): *Patricia Marthy* C. Date of Delivery: *10-3-8*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Postage \$ *.76*

Certified Fee *2.70*

Return Receipt Fee (Endorsement Required) *2.20*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.66*

1. Article Addressed to:

Lee A. Lopez  
PO Box 621660  
Las Vegas, NV 89162-1660

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 5946  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 5953



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *[Name]* C. Date of Delivery: *[Date]*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Postage \$ *.76*

Certified Fee *2.70*

Return Receipt Fee (Endorsement Required) *2.20*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.66*

1. Article Addressed to:

George Umbach  
PO Box 1588  
Tulsa, OK 74101

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cheryl Good*  Agent  Addressee

B. Received by (Printed Name): *Cheryl Good* C. Date of Delivery: *10/22/08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



Postage \$ *.76*

Certified Fee *2.70*

Return Receipt Fee (Endorsement Required) *2.20*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.66*

1. Article Addressed to:

JRB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7006 2760 0001 6391 5960  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

JRB Investments LLC  
c/o Reynolds Hix & CO  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

7006 2760 0001 6391 5960

7006 2760 0001 6392 4641

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website  
**OFFICIAL**

Postage \$ .70  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required) 5.10

RHB Investments LLC  
c/o Reynolds Hix & Co  
6729 Academy Road NE  
Albuquerque, NM 87210

**SENDER: COMPLETE THIS SECTION**  
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
RHB Investments LLC  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 872109

2. Article Number (Transfer from service label) 7006 2760 0001 6392 4641

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature *Emily D Good*  Agent  Addressee  
B. Received by (Printed Name) *Emily D Good* C. Date of Delivery *10/22/08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7001 1140 0002 9559 9564

U.S. Postal Service  
**CERTIFIED MAIL RE**  
(Domestic Mail Only, No Insurance)  
**OFFICIAL**

Postage \$ .  
Certified Fee 2.  
Return Receipt Fee (Endorsement Required) 2.  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.1

Patricia P. Schieffer Trust,  
Bank of America  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113

**SENDER: COMPLETE THIS SECTION**  
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Patricia P. Schieffer Trust,  
Bank of America  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113

2. Article Number 7001 1140 0002 9559 9564

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *OCT 28 2008*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7001 1140 0002 9559 9571

U.S. Postal Service  
**CERTIFIED MAIL RE**  
(Domestic Mail Only, No Insurance)  
**OFFICIAL**

Postage \$ .  
Certified Fee 2.  
Return Receipt Fee (Endorsement Required) 2.  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.1

Schultz Management, L  
500 N. Akard, Suite 29  
Dallas, TX 75201

**SENDER: COMPLETE THIS SECTION**  
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

2. Article Number (Transfer from service label) 7001 1140 0002 9559 9571

**COMPLETE THIS SECTION ON DELIVERY**  
A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *PAUL SMITH* C. Date of Delivery *10-24-08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

or instructions

7001 1140 0002 9559 9588

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

Henrietta Schultz, Trustee  
500 North Akard, Suite 29  
Dallas, TX 75201

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Henrietta Schultz, Trustee  
500 North Akard, Suite 2940  
Dallas, TX 75201

2. Article Number  
(Transfer from service label) 7001 1140 0002 9559 9588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Paul Smith*  Agent  Addressee

B. Received by (Printed Name) *Paul Smith* C. Date of Delivery *10/24/08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6392 4658

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website  
**OFFICIAL**  
Postage \$ .7  
Certified Fee 2.7  
Return Receipt Fee (Endorsement Required) 2.2  
Restricted Delivery Fee (Endorsement Required)

WCB Investments  
c/o Reynolds Hix & CO  
6729 Academy Road NE  
Albuquerque, NM 87210

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
WCB Investments  
c/o Reynolds Hix & CO PA  
6729 Academy Road NE Ste D  
Albuquerque, NM 87210

2. Article Number  
(Transfer from service label) 7006 2760 0001 6392 4658

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Cheryl Good*  Agent  Addressee

B. Received by (Printed Name) *Cheryl Good* C. Date of Delivery *10/24/08*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6392 4665

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website  
**OFFICIAL**  
Postage \$ .7  
Certified Fee 2.7  
Return Receipt Fee (Endorsement Required) 2.2  
Restricted Delivery Fee (Endorsement Required)

Grayfore Partners LP  
PO Box 98670  
Lubbock, TX 79499-8

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Grayfore Partners LP  
PO Box 98670  
Lubbock, TX 79499-8670

2. Article Number  
(Transfer from service label) 7006 2760 0001 6392 4665

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Delbert Cooper*  Agent  Addressee

B. Received by (Printed Name) *Delbert Cooper* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

760 0001 6392 4672

U.S. Postal Service  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66  
VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
VA Johnston Ltd  
PO Box 825  
Ralls, TX 79357

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*David H. Pruitt*  Agent  Addressee

B. Received by (Printed Name) *David H. Pruitt* C. Date of Delivery *10-23-08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 4672

7006 2760 0001 6392 9042

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website  
**OFFICIAL**

Postage \$ .  
Certified Fee 2.  
Return Receipt Fee (Endorsement Required) 2.  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5  
Bp America Production  
Attn: John Larson, W11  
501 Westlake Boulevard  
Houston, TX 77079-3092

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Bp America Production Co  
Attn: John Larson, W11 Rm 19.158  
501 Westlake Boulevard  
Houston, TX 77079-3092

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 9042

7006 2760 0001 6392 9035

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only, No Insurance)  
For delivery information, visit our website  
**OFFICIAL**

Postage \$ .  
Certified Fee 2.  
Return Receipt Fee (Endorsement Required) 2.  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6  
Ms. Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, TX 75219-1

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Ms. Elizabeth T. Calloway  
P.O. Box 191767  
Dallas, TX 75219-1767

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Robert Wilburn*

B. Received by (Printed Name) *Robert Wilburn* C. Date of Delivery *10/28/08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6392 9035

7006 2760 0001 6391 2839

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our web site  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

J Glenn Turner Jr LLC  
3838 Oak Lawn Suite  
Dallas, TX 75219

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
J Glenn Turner Jr LLC  
3838 Oak Lawn Suite 1450  
Dallas, TX 75219

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 2839

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Laura Grimmer*  Agent  Addressee

B. Received by (Printed Name) Laura Grimmer C. Date of Delivery 27 OCT 08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6392 9011

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our web site  
**OFFICIAL**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.00  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees 5.46

Mary Frances Turner, Jr.  
Attn: Barry L. Dominick  
TX1-2031  
PO Box 660197  
Dallas, TX 75266-0197

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Mary Frances Turner, Jr. Trust  
Attn: Barry L. Dominick  
TX1-2031  
PO Box 660197  
Dallas, TX 75266-0197

2. Article Number  
(Transfer from service label) 7006 2760 0001 6392 9011

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*KWAME DUKUUA*  Agent  Addressee

B. Received by (Printed Name) KWAME DUKUUA C. Date of Delivery OCT 24 2008

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 5878

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our web site  
**OFFICIAL**

Postage \$ 1.10  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.10  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 6.90

Patricia P. Schieffer Trust,  
Bank of America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113-2546

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Patricia P. Schieffer Trust,  
Bank of America, N.A. Agt  
Attn: Jeff Anderson  
P.O. Box 2546  
Fort Worth, TX 76113-2546

2. Article Number  
(Transfer from service label) 7006 2760 0001 6391 5878

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Jeff Anderson*  Agent  Addressee

B. Received by (Printed Name) Jeff Anderson C. Date of Delivery OCT 28 2008

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 2760 0001 6391 5885

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *PNDRPSS* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Ms. Victoria Webb  
806 Cordova  
Dallas, TX 75223

1. Article Addressed to:  
Ms. Victoria Webb  
806 Cordova  
Dallas, TX 75223

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 5885

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 5977

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *PAUL SMITH* C. Date of Delivery *10/24/08*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Schultz Management, L  
500 N. Akard, Suite 29  
Dallas, TX 75201

1. Article Addressed to:  
Schultz Management, Ltd.  
500 N. Akard, Suite 2940  
Dallas, TX 75201

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 5977

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6391 5984

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ .76  
Certified Fee 2.70  
Return Receipt Fee (Endorsement Required) 2.20  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 5.66

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Sherry Gibbs* C. Date of Delivery *1/12/03*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Fred E. Turner, LLC  
4925 Greenville Ave, Su  
Dallas, TX 75206-4079

1. Article Addressed to:  
Fred E. Turner, LLC  
4925 Greenville Ave, Suite 852  
Dallas, TX 75206-4079

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 2760 0001 6391 5984

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7001 1140 0002 9559 9434

U.S. Postal Service  
**CERTIFIED MAIL REC**  
(Domestic Mail Only) No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Postage \$ .

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5

XTO Energy, Inc.  
Attn: Edwin S. Ryan  
810 Houston Street,  
Forth Worth, TX 76

1. Article Addressed to:

XTO Energy, Inc.  
Attn: Edwin S. Ryan, Jr.  
810 Houston Street, Ste 2000  
Forth Worth, TX 76102-6298

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name)  C. Date of Delivery 10/17/08

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7001 1140 0002 9559 9434

7001 1140 0002 9559 9533

U.S. Postal Service  
**CERTIFIED MAIL REC**  
(Domestic Mail Only)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Postage \$

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5

Mr. John Turner  
Pmb 285  
317 Sidney Baker Sc  
Kerrville, TX 78028

1. Article Addressed to:

Mr. John Turner  
Pmb 285  
317 Sidney Baker South #400  
Kerrville, TX 78028

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name)  C. Date of Delivery 10/25/08

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7001 1140 0002 9559 9533

7001 1140 0002 9559 9540

U.S. Postal Service  
**CERTIFIED MAIL REC**  
(Domestic Mail Only) No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Postage \$ .

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required)

Forest Oil Corporation  
Attn: Ken Mcphee  
707 17<sup>th</sup> Street  
Denver, Co 80202

1. Article Addressed to:

Forest Oil Corporation  
Attn: Ken Mcphee  
707 17<sup>th</sup> Street  
Denver, Co 80202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name)  C. Date of Delivery 10/23/08

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7001 1140 0002 9559 9540

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

0002 9559 9557

Postage	\$ .76
Certified Fee	2.75
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Henrietta E. Schultz, Trustee  
 500 North Akard, Suite 2940  
 Dallas, TX 75201

A. Signature  
 *Paul Smith*  Agent  
 Addressee

B. Received by (Printed Name) *Paul Smith* C. Date of Delivery *10-24-00*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Total Postage & Fees \$ 5.16

Henrietta E. Schultz, Trustee  
 500 North Akard, Suite 294  
 Dallas, TX 75201

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7001 1140 0002 9559 9557**

7001 1140 0002 9559 9601

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**SECTION ON DELIVERY**

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *Victor 3* C. Date of Delivery *OCT 20 2008*

**OFFICIAL**

Postage \$ *.76*

Certified Fee *2.70*

Return Receipt Fee (Endorsement Required) *2.20*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.66*

1. Article Addressed to:

Sacramento Municipal Utilities District  
Attn: Thomas Ingwers  
P. O. Box 15830  
Sacramento, Ca 95852-1830

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

Sacramento Municipal Utilities District  
Attn: Thomas Ingwers  
P. O. Box 15830  
Sacramento, Ca 95852-1830

7006 2760 0001 6391 2617

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery *OCT 23 2008*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**OFFICIAL**

Postage \$ *.76*

Certified Fee *2.70*

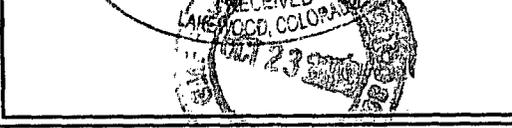
Return Receipt Fee (Endorsement Required) *2.20*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.66*

1. Article Addressed to:

Minerals Management Service  
P.O. Box 5810  
Denver, CO 80217-5810



3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

Minerals Management Service  
P.O. Box 5810  
Denver, CO 80217-5810

7001 1140 0002 9559 9526

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance)*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Postage	\$ .76
Certified Fee	2.7
Return Receipt Fee (Endorsement Required)	2.2
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.12</b>

New Mexico State Roy  
 310 Old Santa Fe Trail  
 Santa Fe, Nm 87501

1. Article Addressed to:

New Mexico State Royalty  
 310 Old Santa Fe Trail  
 Santa Fe, Nm 87501

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Susan Martha*

B. Received by (Printed Name)  Agent  
 Addressee  
*Susan Martha*

C. Date of Delivery  
*10-23-08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7001 1140 0002 9559 9526

7001 1140 0002 9559 9519

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance)*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Postage	\$ .76
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.11</b>

Conocophillips Company  
 Attn: Chief Landman,  
 San Juan/Rockies  
 P. O. Box 4289  
 Farmington, NM 87499-4

1. Article Addressed to:

Conocophillips Company  
 Attn: Chief Landman,  
 San Juan/Rockies  
 P. O. Box 4289  
 Farmington, NM 87499-4289

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Bob Williams*

B. Received by (Printed Name)  Agent  
 Addressee  
*Bob Williams*

C. Date of Delivery  
*10-23-08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7001 1140 0002 9559 9519